

EXHIBIT F



UMBRELLA / EXCESS SECTION

OP ID: C1

DATE (MM/DD/YYYY)
6/22/2011

AGENCY Clark Associates Inc. 2229 Rocky Ridge Rd. Birmingham, AL 35216 R. R. Glasscock	PHONE (AGC No. Ext.) 205-823-2300 FAX (AGC No.) 205-822-0241	APPLICANT (First Named Insured) Piggly Wiggly Alabama		
		EFFECTIVE DATE 08/01/11 EXPIRATION DATE 08/01/12 <input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
CODE: AGENCY CUSTOMER ID: PWALD-1		FOR COMPANY USE ONLY		

POLICY INFORMATION

TRANSACTION TYPE					LIMIT OF LIABILITY		RETAINED LIMIT	
NEW	X	UMBRELLA	X	OCCURRENCE	RETROACTIVE DATE	\$ 30,000,000 EACH OCCURRENCE	\$ 0	
X	RENEWAL	EXCESS	X	CLAIMS MADE	PROPOSED CURRENT	\$ 30,000,000	FIRST DOLLAR DEFENSE <input checked="" type="checkbox"/> YES NO	
EXPIRING POL # AUC9305546-06					\$			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
		22,054,000	825,000,000		611

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							RATING MOD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY	EMC #2E7437009 Power Units Onl	08/01/11	08/01/12	CSI EA. ACC. \$ 1,000,000	\$ 252,133.00		
				BI EA. ACC. \$	\$		
				BI EA. PER. \$	\$		
				PDI EA. ACC. \$	\$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR CLAIMS MADE	EMC Renewal	08/01/11	08/01/12	EACH OCCURRENCE \$ 1,000,000	PREM/OPS		
				GENERAL AGGR \$ 2,000,000	\$ 68,457.00		
				PROD & COMP OPS \$ 2,000,000	PRODUCTS		
				AGGREGATE \$	Included		
EMPLOYERS LIABILITY	SELF INS-\$350,000 EWC006989	08/01/11	08/01/12	PERSONAL & ADV \$ 1,000,000			
				INJURY \$			
				DAMAGE TO RENTED PREMISES \$ 1,000,000	OTHER		
				MEDICAL EXPENSE \$ 15,000	\$		
Other	D&O EPL/TIF	08/01/11	08/01/12		5,000,000		26,700.00

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1 ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?

2 INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: 07/01/98

3 HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? YES NO

4 FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5 FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6 FOR CLAIMS MADE, WAS "TAL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? YES, EFF. DATE: NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
X ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
CGL - CLAIMS MADE	X EMPLOYEE BENEFIT LIABILITY	X	VENDORS LIABILITY	
X CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY	
COVERAGE	GARAGEKEEPERS LIABILITY		X FELLOW EMPL	X
AIRCRAFT LIABILITY	X INCIDENTAL MEDICAL MALPRACTICE	X	Nurse Professional	X
AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY			
ADDITIONAL INTERESTS	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)
See attached Summary - details of all losses over \$50,000 in past 5 years NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

PWALD-1

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LOC	PROPERTY TYPE	VALUE	A ⁺	B ⁺	C ⁺	D ⁺	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	REAL							
	PERSONAL							

'APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		YES	NO
ADVERTISERS LIABILITY				POLLUTION LIABILITY EPA#:			
1. MEDIA USED: TV - Newspapers etc ANNUAL COST: \$				20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?			
2. ARE SERVICES OF AN ADVERTISING AGENCY USED? <input checked="" type="checkbox"/>				21. INDICATE THE COVERAGES CARRIED:			
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	GL WITH STANDARD ISO POLLUTION EXCLUSION		
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT? <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	GL WITH POLLUTION COVERAGE ENDORSEMENT		
6. ARE PASSENGERS CARRIED FOR A FEE? <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	SEPARATE POLLUTION COVERAGE		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? <input checked="" type="checkbox"/>				PRODUCT LIABILITY			
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? <input checked="" type="checkbox"/>				22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? <input checked="" type="checkbox"/> X			
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED? <input checked="" type="checkbox"/>				23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.? <input checked="" type="checkbox"/> X			
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? <input checked="" type="checkbox"/>				24. ARE U.S. PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <input checked="" type="checkbox"/> X			
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):				25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY) \$825,000,000 \$825,000,000 \$795,000,000			
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):				26. GROSS SALES FROM EACH OF LAST 3 YEARS: # PROTECTIVE LIABILITY			
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? <input checked="" type="checkbox"/>				27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):			
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? <input checked="" type="checkbox"/>				WATERCRAFT LIABILITY			
15. IS APPLICANT SELF-INSURED IN ANY STATE? <input checked="" type="checkbox"/>				28. DOES APPLICANT OWN OR LEASE WATERCRAFT? # OWNED LENGTH HORSEPOWER			
16. SUBJECT TO: JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP OTHER:				APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS			
INCIDENTAL MALPRACTICE LIABILITY							
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? <input checked="" type="checkbox"/>							
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? <input checked="" type="checkbox"/>							
19. INDICATE # OF DOCTORS: NURSES: 1 BEDS:							

REMARKS

VEHICLES

167 Trailers **PLEASE NOTE THAT 10 TRACTORS SIT ON LOT AT ALL TIMES AND ARE USED AS REPLACEMENT UNITS - IF A TRACTOR HAS MECHANICAL DIFFICULTIES THEY WILL SWAP WITH ONE ON LOT. AT ANY ONE TIME ONLY 74 TRACTORS WILL BE IN USE.	TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
						PRIVATE PASSENGER		
						49	X	
						LIGHT		
						3		
						MEDIUM		
						HEAVY		
						EX. HEAVY		
						HEAVY		
						EX. HEAVY	84	X X
BUSES								

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE: OTHER STATE:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA:

1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE DATE